

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal of the body in any event, within 72 hours after death.

01300

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01262

1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne's			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington. Rural 17-1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First George Middle Atkins on Last Atkins on				4. DATE OF DEATH Month January Day 26 Year 1966			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1882	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster shucker		10b. KIND OF BUSINESS OR INDUSTRY Seafood Labor		11. BIRTHPLACE (County & State, or foreign country) Easton, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Atkins				14. MOTHER'S MAIDEN NAME Mollie Fields.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 217-05-0978		17. INFORMANT Mary Potts,		Address Millington, Md. 21651	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 331 X DUE TO Cerebral sclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Coronary sclerosis (c) Coronary sclerosis						INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years? 5 year -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Apr. 27, 1962 to Jan 26, 1966 that (I) (we) last saw the deceased alive on Jan 24 1966 , and that death occurred at 1:30 PM , from the causes and on the date stated above.							
22a. SIGNATURE Geza Koralewski				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED Jan. 27 1966	
22c. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D.				22d. ADDRESS Millington, Md. 21651			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 29, 1966		23c. NAME OF CEMETERY OR CREMATORY Rileys Neck Cemetery		23d. LOCATION (City, town or county) (State) Rural Millington, Md.	
24a. FUNERAL DIRECTOR Edward Fellows. Millington, Md.				25a. REC'D BY REGISTRAR FEB 1 1966		25b. REGISTRAR'S SIGNATURE [Signature]	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01301

01263

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CENTREVILLE</u> c. LENGTH OF STAY IN 1b <u>3 YEARS</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>407 Chesterfield Ave.</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>QUEEN ANNE'S</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CENTREVILLE</u> d. STREET ADDRESS <u>407 Chesterfield Ave.</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>HARVEY William BAKER</u>				4. DATE OF DEATH JAN. 10 1966			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <u>JAN. 9, 1875</u>		9. AGE (In years last birthday) <u>91</u> yrs. IF UNDER 1 YEAR: Months _____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER</u>				11. BIRTHPLACE (County & State, or foreign country) <u>CARRETT County, Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>DANIEL BAKER</u>				14. MOTHER'S MAIDEN NAME <u>Lydia Camp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-20-5396</u>		17. INFORMANT Address <u>Mrs. ALMA B. DOWNES, CENTREVILLE, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> 4300 DUE TO (b) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 years</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. _____ p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) _____		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that (I) (this hospital) attended the deceased from June 1, 1960 to Jan. 10, 1966, that (I) (we) last saw the deceased alive on Jan. 10, 1966, and that death occurred at 10 P.M. from the causes and on the date stated above.							
22a. SIGNATURE <u>John R. Smith Jr.</u>				22b. DATE SIGNED M.D. _____		22c. PHYSICIAN'S NAME (Type) <u>John R. Smith Jr.</u>	
22d. ADDRESS <u>Centreville, Maryland</u>				22e. ADDRESS <u>Centreville, Maryland</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>JAN. 13, 1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chesterfield Cemetery</u>		23d. LOCATION (City, town or county) <u>Centreville, Maryland</u> (State) _____	
24. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Butler Jr., Butler Bros., Centreville, Md.</u>				25a. REC'D BY REGISTRAR <u>JAN 14 1966</u>		25b. REGISTRAR'S SIGNATURE <u>J. Charles Judge</u>	

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John R. Smith, Jr.
Lynchburg, Virginia

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01302 CERTIFICATE OF DEATH 01264

1. PLACE OF DEATH a. COUNTY Queen Anne b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville c. LENGTH OF STAY IN 1b Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville d. STREET ADDRESS 17-1 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Edna Walls Hart			4. DATE OF DEATH Month Day Year Jan. 14 1966		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1891	9. AGE (in years last birthday) 74 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (County & State, or foreign country) Queen Anne, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Charles Walls		
14. MOTHER'S MAIDEN NAME Elizabeth Barcus			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT George L. Hart Address Sudlersville, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dilatation 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic myocarditis DUE TO (c) General Arteriosclerosis Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) no			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. Jan 13 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) Sudlersville		20g. (County) Queen Anne		20h. (State) Md.	
21. I certify that (I) (this hospital) attended the deceased from Aug 1956 to July 14, 1966 , that (I) (we) last saw the deceased alive on Jan 13 1966 , and that death occurred at 3:11 P.M. from the causes and on the date stated above.					
22a. SIGNATURE C H METCALFE		22b. DATE SIGNED 1/14/66		22c. PHYSICIAN'S NAME (Type) C H METCALFE	
22d. ADDRESS Sudlersville		22e. REC'D BY REGISTRAR Charles Judge			
22f. REGISTRAR'S SIGNATURE Charles Judge		22g. DATE JAN 18 1966			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 16, 1966		23c. NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery	
23d. LOCATION (City, town or county) Sudlersville, Md.		23e. (State) Md.			
24. FUNERAL DIRECTOR Edward Fellows		24a. ADDRESS Millington, Md.		24b. REC'D BY REGISTRAR JAN 18 1966	
24c. REGISTRAR'S SIGNATURE Charles Judge		24d. DATE JAN 18 1966			

1935

STATE OF TEXAS

1935

County of _____ State of Texas

Know all men by these presents, _____ of the County of _____ State of Texas, for and in consideration of the sum of _____ Dollars, to _____ of the County of _____ State of Texas, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____ of the County of _____ State of Texas, all that certain _____

to have and to hold unto the said _____ heirs, assigns and assigns forever.

And the said _____ do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of the County Clerk of the County of _____ State of Texas.

Witness my hand and seal of office this _____ day of _____ 1935.

County Clerk

1 M
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01303

01265

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNES COUNTY, MD</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>R.F.D CENTREVILLE, MD</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>ISLAND CREEK ROAD CENTREVILLE, MD</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>BENT CO.</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>R.F.D Cheshertown, MD</u> d. STREET ADDRESS <u>14-2</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE OLIVER HYNSON</u>				4. DATE OF DEATH Month Day Year <u>JANUARY 4 1966</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN. 23, 1944</u>	
9. AGE (In years last birthday) <u>21</u> yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>VARIOUS</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13. FATHER'S NAME <u>JAMES HYNSON</u>				14. MOTHER'S MAIDEN NAME <u>FRANCES MILLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>217-42-7493</u>		17. INFORMANT Address <u>MRS. BETTY HYNSON R.F.D Cheshertown, MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia by Drowning</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>8234</u> DUE TO (c) <u>10 min</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto at high speed Ran in River</u>			
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u>12:30</u> p.m. <u>1-4</u> 19 <u>66</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>River</u>		20f. (City or town) (County) (State) <u>Church Hill GA MD</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <u>Rodney C. Layton</u> M.D.				22. DATE SIGNED <u>1-6-66</u>			
EXAMINER'S NAME (Type) <u>RODNEY C. LAYTON M.D.</u>				Address (Street, city, town, or county) <u>CENTREVILLE, MD</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>1/8/1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEM.</u>		23d. LOCATION (City, town or county) (State) <u>FAIRLEE, MD.</u>	
24. FUNERAL DIRECTOR <u>Bennett Wally</u> ADDRESS <u>Cheshertown, MD</u>				25a. REC'D BY REGISTRAR DATE <u>JAN 7 1966</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

11582

11583

Printed and Published by F. H. Smith

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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01304

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01266

1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Kent			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville				c. LENGTH OF STAY IN 1b Galena 14-2			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First EMMA Middle COLEMAN Last JOHNSTON				4. DATE OF DEATH Month January Day 3 Year 1966			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October, 23, 1877	9. AGE (In years last birthday) 88 yrs.	10. IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.		11. IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (County & State, or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Charles Reese Coleman			
14. MOTHER'S MAIDEN NAME Margaret Montague				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No.			
16. SOCIAL SECURITY NO. None.				17. INFORMANT Mrs. Arthur Coleman, Sudlersville, Md. 21668			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left breast. 170X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____							INTERVAL BETWEEN ONSET AND DEATH 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. _____ p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from JAN , 19 65 , to JAN , 19 66 , that (I) (we) last saw the deceased alive on 10-12 , 19 65 , and that death occurred at _____ M, from the causes and on the date stated above.							
22a. SIGNATURE <i>[Signature]</i>						22b. DATE SIGNED 1-9-66	
22c. PHYSICIAN'S NAME (Type) Arthur T. Keefe, Jr., M.D., FACS				22d. ADDRESS Chestertown, Maryland 21620			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 1-6-1966		23c. NAME OF CEMETERY OR CREMATORY GALENA CEMETERY		23d. LOCATION (City, town or county) (State) GALENA, Md.	
24. FUNERAL DIRECTOR Edward Fellows, Millington, Md				25a. REC'D BY REGISTRAR JAN 7 1966		25b. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

0136

STATEMENT OF DEBIT

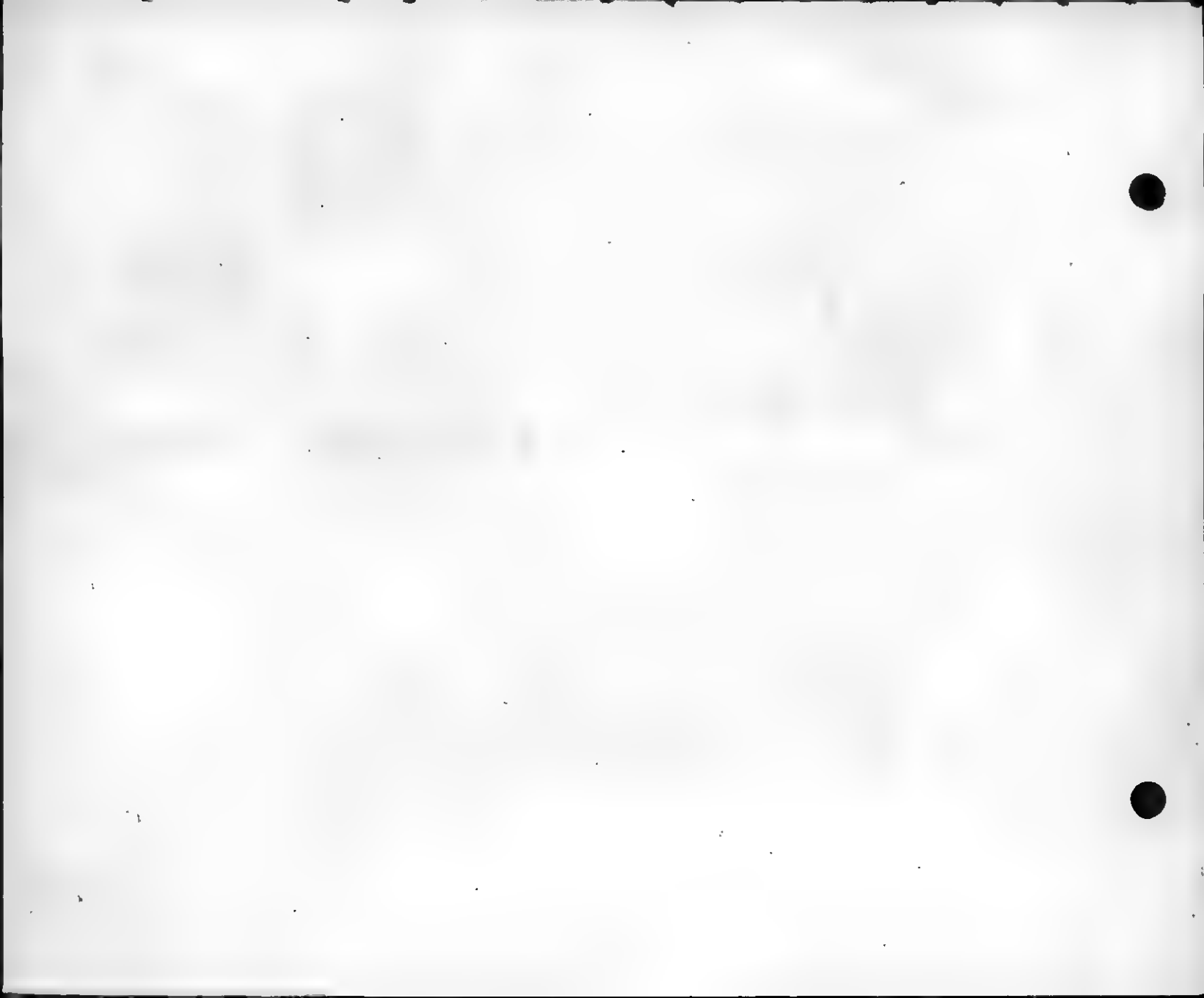
0136

Form 1-2-1950 General Cemetery, Md.
Columbiana, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
 01305 CERTIFICATE OF DEATH 01267

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE</u> MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>CENTERVILLE</u> c. LENGTH OF STAY IN 1b <u>11 yrs</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>TILLMAN</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>CENTERVILLE</u> d. STREET ADDRESS <u>TILLMAN ST</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ERSON</u> First <u>NEED</u> Middle <u>Leaverton</u> Last <u>14 EVERTON</u>		4. DATE OF DEATH <u>JAN.</u> Month <u>8</u> Day <u>1966</u> Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 5, 1885</u>
9. AGE (In years last birthday) <u>80</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (County & State, or foreign country) <u>TALBOT, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>THOMAS EDWARD LEVERTON</u>		14. MOTHER'S MAIDEN NAME <u>SALLIE R. MULLIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes give war or dates of service)		16. SOCIAL SECURITY NO. <u>217-36-1257</u>	
17. INFORMANT <u>THOMAS ROE LEVERTON</u> Address <u>R.D. CENTERVILLE MD</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1) Congestive Heart Failure</u> 4200 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, DUPLICATE TO (b) <u>3) Arteriosclerosis Ht Press -</u> DUPLICATE TO (c) <u>4) Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>10 years</u> <u>7 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Jan. 1</u> , 19 <u>60</u> , to <u>Jan. 8</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>Jan. 8</u> , 19 <u>66</u> , and that death occurred at <u>5 PM</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>John R Smith, Jr</u>		22b. DATE SIGNED <u>10/66</u>	
22c. PHYSICIAN'S NAME (Type) <u>John R Smith, Jr</u>		22d. ADDRESS <u>Centerville Md</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1/10/66</u>		23b. DATE THEREOF	
23c. NAME OF CEMETERY OR CREMATORY <u>SPRING HILL</u>		23d. LOCATION (City, town or county) (State) <u>EASTON MD</u>	
24. FUNERAL DIRECTOR <u>Robert Galt</u>		25a. REC'D BY REGISTRAR <u>JAN 12 1966</u> DATE	
		25b. REGISTRAR'S SIGNATURE <u>John Charles Judge</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

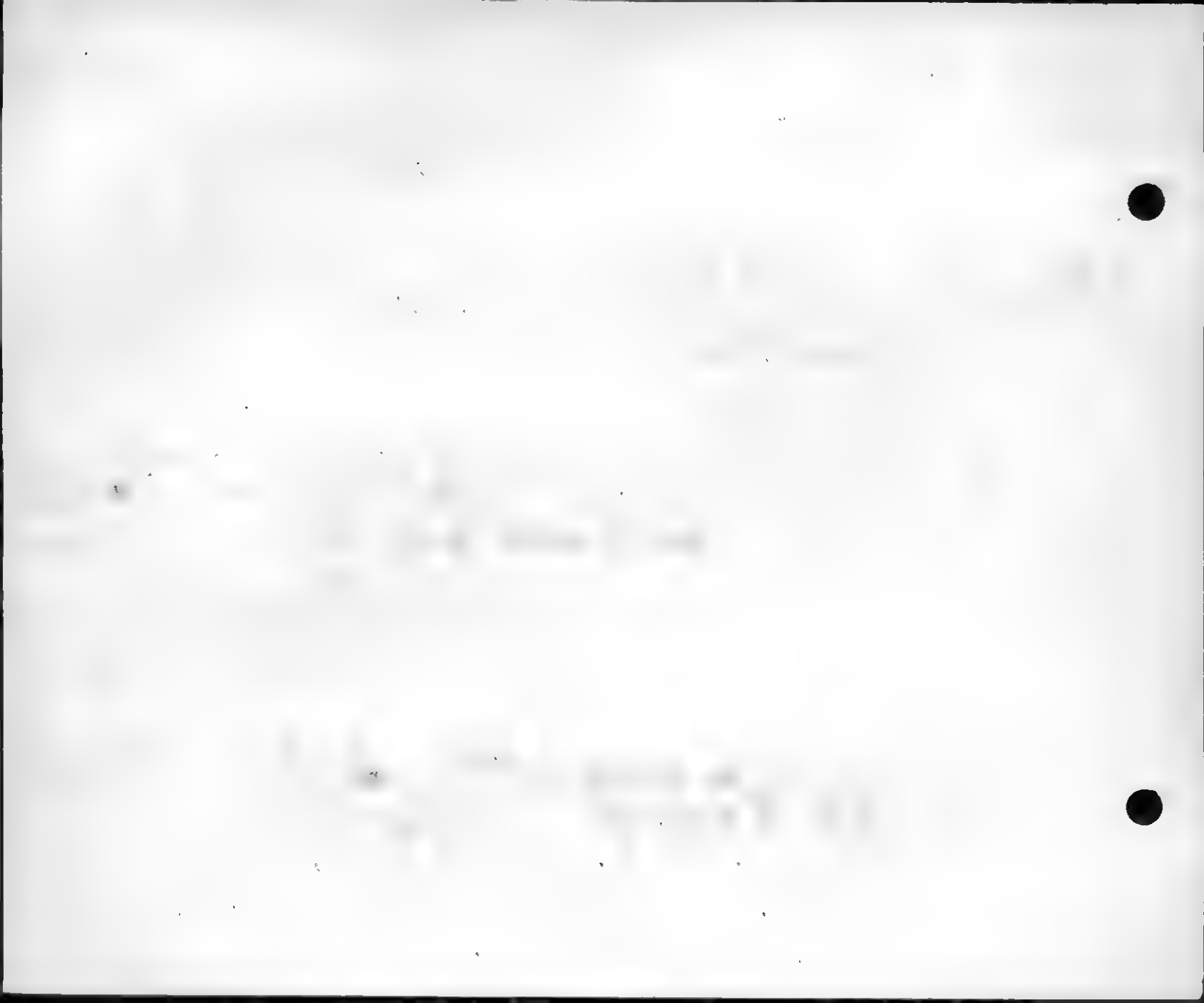
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01306

CERTIFICATE OF DEATH

01268

<p>1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND</p>				<p>2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u></p>			
<p>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u></p>				<p>c. LENGTH OF STAY IN 1b <u>Chester</u></p>			
<p>d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)</p>				<p>d. STREET ADDRESS</p>			
<p>3. NAME OF DECEASED (Type or print) First <u>OLIN</u> Middle <u>SUDLER</u> Last <u>LEWIS</u></p>				<p>4. DATE OF DEATH Month <u>January</u> Day <u>12</u> Year <u>1966</u></p>			
<p>5. SEX <u>Male</u></p>		<p>6. COLOR OR RACE <u>White</u></p>		<p>7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>Jan. 21, 1898</u></p>	
<p>9. AGE (In years last birthday) <u>67</u> yrs.</p>		<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance man State Roads</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (County & State, or foreign country) <u>Maryland</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY? <u>USA</u></p>				<p>13. FATHER'S NAME <u>Charles Lewis</u></p>			
<p>14. MOTHER'S MAIDEN NAME <u>Sarah Gesford</u></p>				<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes give war or dates of service)</u></p>			
<p>16. SOCIAL SECURITY NO.</p>				<p>17. INFORMANT <u>Rufus Lewis--Grasonville, Maryland</u></p>			
<p>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure, acute</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u></u></p>						<p>INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>6-7 years</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>				<p>20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</p>			
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)</p>				<p>20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u></p>			
<p>20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work</p>				<p>20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)</p>			
<p>20f. (City or town) (County) (State)</p>				<p>21. I certify that (I) (this hospital) attended the deceased from <u>July 1, 1962</u>, to <u>Jan 12, 1966</u>, that (I) <u>last</u> saw the deceased alive on <u>Jan 12, 1966</u>, and that death occurred at <u>10</u> M, from the causes and on the date stated above.</p>			
<p>22a. SIGNATURE <u>John R. Smith Jr.</u></p>				<p>22b. DATE SIGNED <u>1-14-66</u></p>			
<p>22c. PHYSICIAN'S NAME (Type) <u>John R. Smith Jr.</u></p>				<p>22d. ADDRESS <u>Centreville, Maryland</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE THEREOF <u>Jan. 15</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Stevensville</u></p>		<p>23d. LOCATION (City, town or county) (State) <u>Stevensville, Maryland</u></p>	
<p>24. FUNERAL DIRECTOR <u>Edgar L. Lane</u></p>				<p>25a. REC'D BY REGISTRAR <u>JAN 26 1966</u></p>			
<p>25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u></p>				<p>25c. ADDRESS <u>Church Hill, Md.</u></p>			



1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

2
B. N.

MARYLAND STATE DEPARTMENT OF HEALTH											
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
01307		Item #1d Film #1373 2/14/66 pc								01269	
1. PLACE OF DEATH a. COUNTY Queen Anne's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester c. LENGTH OF STAY IN lb 2 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Harbor View						2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis d. STREET ADDRESS St. Mary's Rectory e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Stephen Middle L. McGovern Last 4. DATE OF DEATH Month Jan. Day 30 Year 1966						5. SEX Male 6. COLOR OR RACE White 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH Jan. 15, 1919 9. AGE (In years last birthday) 47 yrs. IF UNDER 1 YEAR: Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest 10b. KIND OF BUSINESS OR INDUSTRY R.C. Church 11. BIRTHPLACE (State or foreign country) West Calder, Scotland 12. CITIZEN OF WHAT COUNTRY? U.S.						13. FATHER'S NAME Patrick McGovern 14. MOTHER'S MAIDEN NAME unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT St. Mary's Rectory, Annapolis, Md. Address						18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) arteriosclerotic heart disease DUE TO (c) years					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)											
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19						20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)					
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE C.R. Layton EXAMINER'S NAME (Type) C. R. Layton, M.D.						CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> 22. DATE SIGNED Jan. 31, 1966 Address (Street, city, town, or county) Centreville, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 2-3-1966 23c. NAME OF CEMETERY OR CREMATORY REDEMPTORIST CEM. ST. MARY'S 23d. LOCATION (city, town or county) (State) ANNAPOLIS MD.						24. FUNERAL DIRECTOR JOHN M. TAYLOR SONS ANNAPOLIS MD ADDRESS 25a. REC'D BY REGISTRAR FEB 7 1966 25b. REGISTRAR'S SIGNATURE Charles Judge					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01308 CERTIFICATE OF DEATH 01270

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE'S</u>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>INGLESIDE</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>INGLESIDE</u>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Middle Last <u>OCTAVIA GRIFFITH MERRICK</u>		4. DATE OF DEATH Month Day Year <u>JAN. 3, 1966</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 15, 1871</u>
9. AGE (in years last birthday) <u>94</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER + OPERATOR</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. BIRTHPLACE (County & State, or foreign country) <u>Chesapeake, Calvert Co., Md.</u>	
13. FATHER'S NAME <u>LEWIS M. GRIFFITH</u>		14. MOTHER'S MAIDEN NAME <u>ANNIE CHANEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>220-44-7856</u>	
17. INFORMANT <u>C. PERCIVAL MERRICK, JR.</u>		Address <u>DENTON, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary edema</u> DUE TO (b) <u>Artero sclerotic Cardio Vascular</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <u>JAN 3, 1966</u> to <u>JAN 3, 1966</u> that (I) (we) last saw the deceased alive on <u>JAN 3, 1966</u> and that death occurred at <u>2:45</u> M, from the causes and on the date stated above.			
22a. SIGNATURE <u>C. R. Layton</u>		22b. DATE SIGNED <u>1-3-66</u>	
22c. PHYSICIAN'S NAME (Type) <u>C. R. Layton</u>		22d. ADDRESS <u>Centerville Md</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE THEREOF <u>JAN. 5, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sudlersville Cemetery</u>	23d. LOCATION (City, town or county) (State) <u>Sudlersville, Maryland</u>
24. FUNERAL DIRECTOR <u>James H. Badger, Baiter Bur., Centerville Md.</u>		25a. REC'D BY REGISTRAR <u>JAN 5 1966</u>	
		25b. REGISTRAR'S SIGNATURE <u>James H. Badger</u>	



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01309

01271

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Sudlersville</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Sudlersville</u> d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Elmer Goldsborough Morris</u> First Middle Last				4. DATE OF DEATH <u>January 5 1966</u> Month Day Year		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <u>Jan. 15-1925</u> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Greensboro, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Elwood Morris</u>				14. MOTHER'S MAIDEN NAME <u>Cona V. Cole</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO		17. INFORMANT <u>Mrs. Alice Morris--Sudlersville, Md.</u> Address <u>RFD</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple + Extensive Injuries</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>to both lower extremities, + Abdomen</u> DUE TO (c) <u>Evulsion of RT Leg Med Third</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Caught in Corn harrow Auger</u>					
20c. TIME OF INJURY <u>4:30 p.m. 1-5 1966</u> Month, Day, Year				20d. INJURY OCCURRED <u>While at work</u> White <input checked="" type="checkbox"/> Not White <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Farm</u>		20f. (City or town) <u>Sudlersville</u> (County) <u>QA</u> (State) <u>MD</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <u>C. Rodney Layton</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>C. Rodney Layton</u>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED <u>1-6-66</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>Jan. 8</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Church Hill, Maryland</u>		22d. LOCATION (City, town, or country) (State) <u>Church Hill, Maryland</u>	
23. FUNERAL DIRECTOR <u>Edgar F. Lane</u>				ADDRESS <u>Church Hill, Maryland</u>		24a. REC'D BY REGISTRAR <u>JAN 11 1966</u>		24b. REGISTRAR'S SIGNATURE <u>J. Charles Judge</u>	

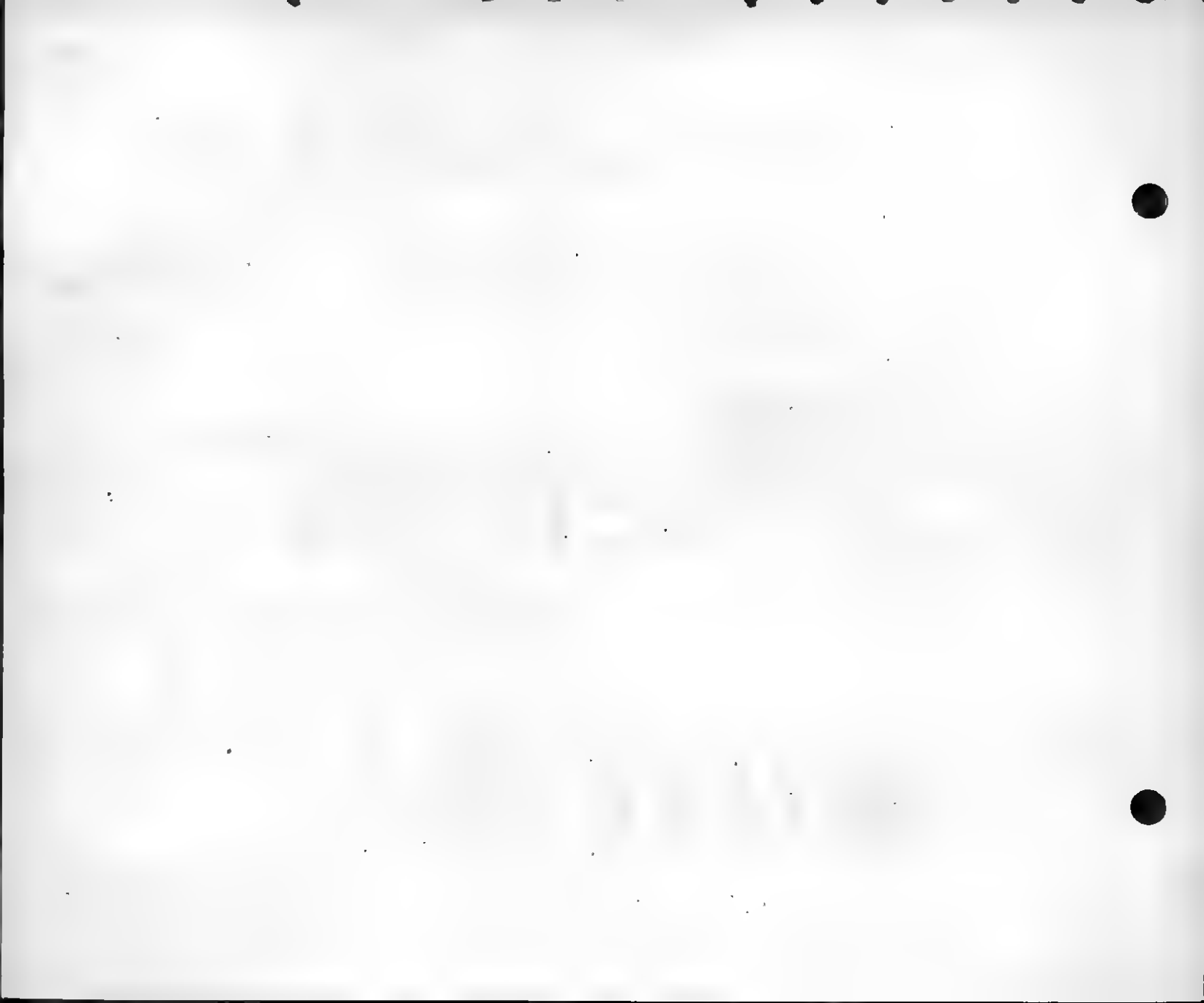
MEDICAL CERTIFICATION



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

<div style="text-align: center;"> MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH </div>											
01310 1. PLACE OF DEATH a. COUNTY Queen Anne b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Centreville c. LENGTH OF STAY in 1b lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 203 S. Liberty				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Centreville d. STREET ADDRESS 203 S. Liberty e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Martha Evans Roberts 5. SEX female 6. COLOR OR RACE white 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>				8. DATE OF BIRTH 9/21/1881 9. AGE (In years last birthday) 84 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Col. John H. Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 220 48 7644				17. INFORMANT Henry H. Evans Address Chestertown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Arteriosclerotic Heart Disease (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)							
21. I certify that (I) (this hospital) attended the deceased from July 1, 1960 , to Jan. 28, 1966 , that (I) (we) last saw the deceased alive on Jan. 20, 1966 , and that death occurred at 9 p.m. , from the causes and on the date stated above.											
22a. SIGNATURE John R. Smith, Jr. 22c. PHYSICIAN'S NAME (Type) John R. Smith, Jr.				22b. DATE SIGNED 1/29/66 ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS Centreville, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF Jan. 31 23c. NAME OF CEMETERY OR CREMATORY Chesterfield 23d. LOCATION (City, town or county) (State) Centreville, Md.				24. FUNERAL DIRECTOR 1966 ADDRESS Chestertown, Md. 25a. REC'D BY REGISTRAR FEB 2 1966 DATE 25b. REGISTRAR'S SIGNATURE Charles Judge							



FOR STATE
HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1003. Page 5 may be retained for your files.

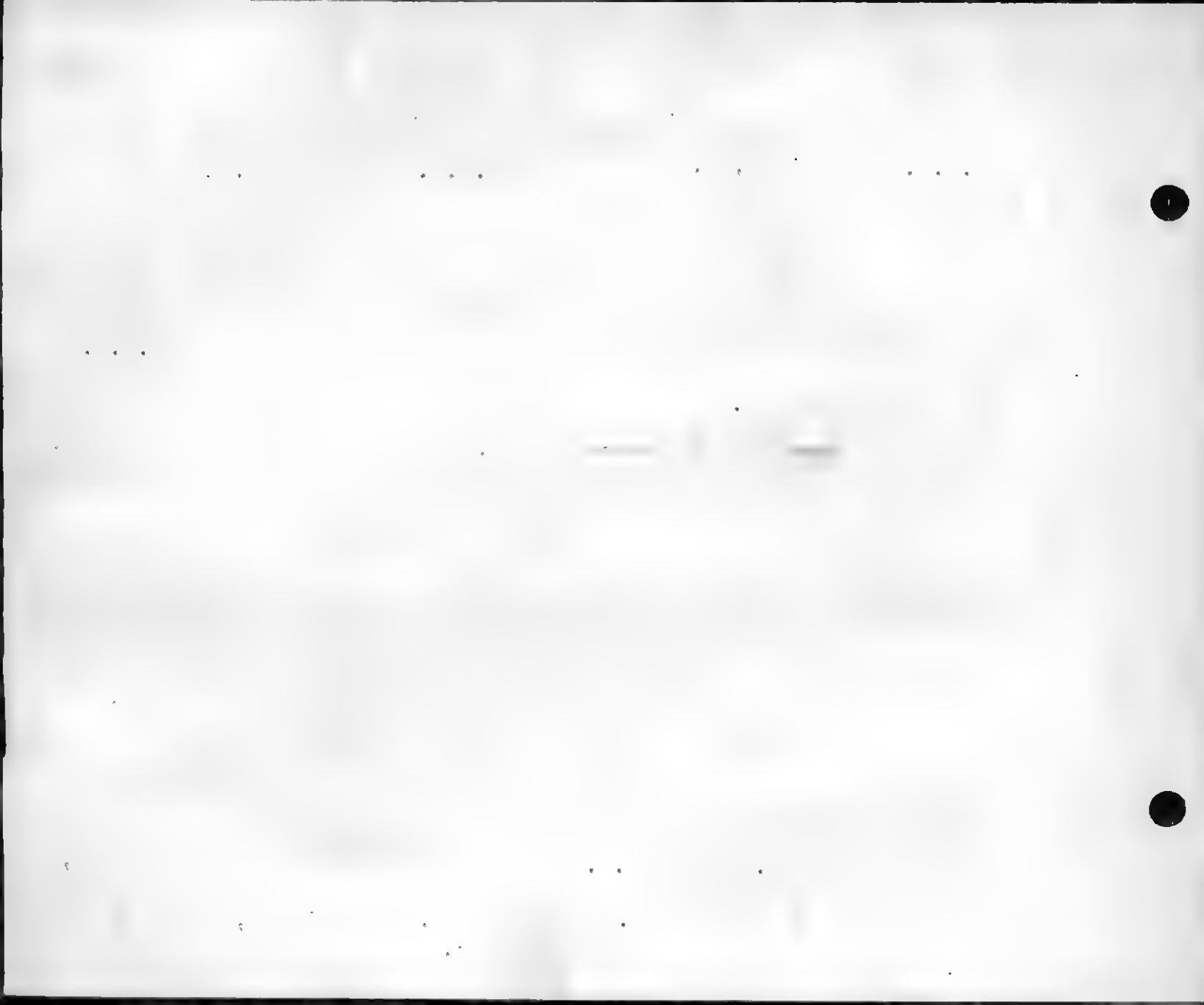
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01311

01273

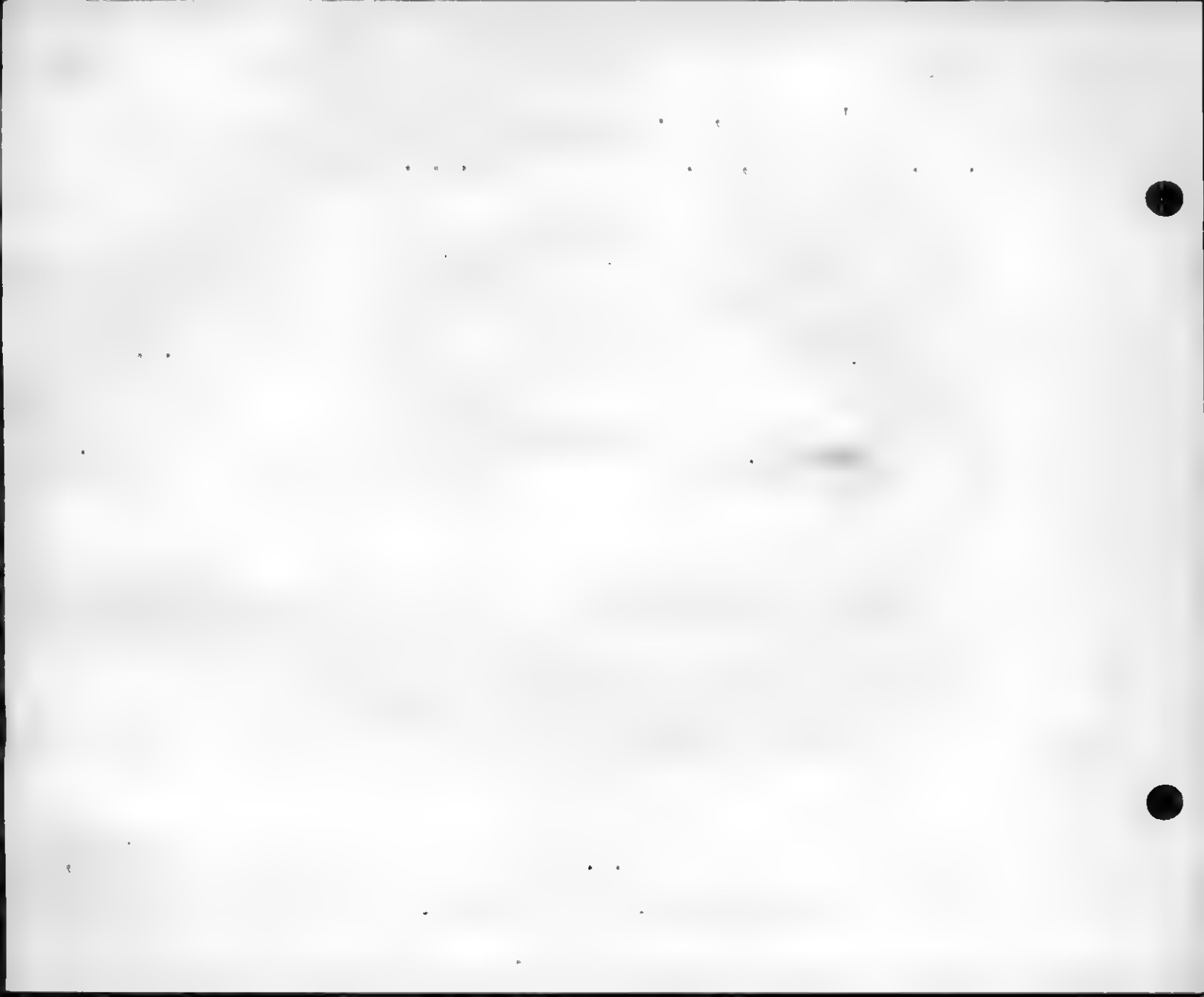
1. PLACE OF DEATH a. COUNTY Queen Anne's County, Maryland				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Kent County			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Centreville, Md.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown, Maryland			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Island Creek Road				d. STREET ADDRESS - - -			
3. NAME OF DECEASED (Type or print) George Joshua Thompson				4. DATE OF DEATH Month 1 Day 4 Year 1966			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/5/1945	
9. AGE (In years last birthday) 20 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Thompson Sr.				14. MOTHER'S MAIDEN NAME Pauline Washington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-44-0120		17. INFORMANT Mrs. Pauline Thompson			
				Address Chestertown, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0024 DUE TO Exploded by Drowning Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto at high speed Ran River			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 12:25 60 p.m. 1-4 1966				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE Rodney C. Layton M.D.				22. DATE SIGNED 1-12-66 Centreville, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF 1/8/1966		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.	
24. FUNERAL DIRECTOR Zimmels Wally				23d. LOCATION (City, town or county) Fairlee, Maryland		23e. ADDRESS Chestertown, Md.	
				25a. REC'D BY REGISTRAR JAN 7 1966		25b. REGISTRAR'S SIGNATURE J. H. Jones	



1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01274

1. PLACE OF DEATH a. COUNTY Queen Anne's County, Md.		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland Kent County	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Centreville, Md.		c. LENGTH OF STAY IN ID R.F.D. Chestertown, Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Thomas Eugene Thompson		4. DATE OF DEATH Month 1 Day 4 Year 19 66	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/15/1942
9. AGE (In years last birthday) 25 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY VARIOUS	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rudolph Brown		14. MOTHER'S MAIDEN NAME Hazel Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 213-42-0350	
17. INFORMANT Ethel Thompson		Address Chestertown, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 8234 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Asphyxia by (c) Drowning		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 20 min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20's 2nd High Speed Run into River	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 12 30 p.m. 1-4-66		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Church Hill Rd		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Rodney C. Layton		22. DATE SIGNED 1-6-66	
EXAMINER'S NAME (Type) Rodney C. Layton M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Centreville, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 11/8/1966	
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant CBM		23d. LOCATION (City, town or county) (State) Ft. Hill, Md.	
24. FUNERAL DIRECTOR Kenneth W. Wally		25a. REC'D BY REGISTRAR JAN 7 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			



1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

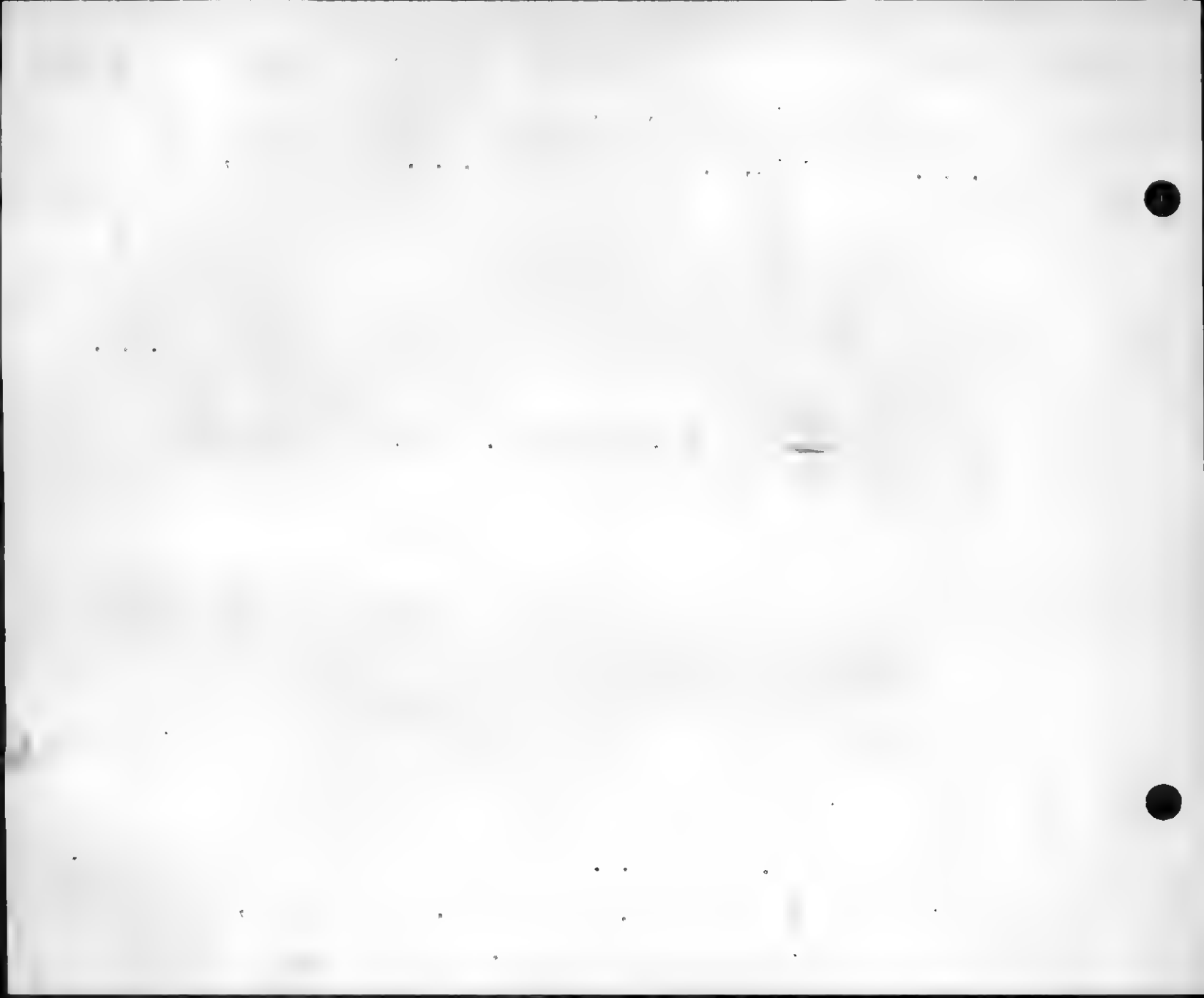
01313

01275

1. PLACE OF DEATH a. COUNTY Queen Anne's County, Md. MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland Kent County			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Centreville, Md.				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) William Joseph Thompson			4. DATE OF DEATH Month 1 Day 4 Year 66				
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/22/1942		9. AGE (In years) 23 yrs.		10. IF UNDER 1 YEAR Months 1 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT U.S.A.	
13. FATHER'S NAME Joseph Thompson				14. MOTHER'S MAIDEN NAME Pauline Washington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-40-3727		17. INFORMANT Mrs. Pauline Thompson Address Chestertown, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiated by 5234 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Drowning DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto AT High Speed Ran into River					
20c. TIME OF INJURY Month 12 Day 30 Year 66 Hour a.m. 12 p.m. 4		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> at work Not While <input type="checkbox"/> at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Church Hill ON Rd		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE Rodney C. Layton		NAME (Type) Rodney C. Layton M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22. DATE SIGNED 1-6-66	
				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		Address (Street, city, town, or county) Centreville, Md	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 1/8/1966		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.		23d. LOCATION (City, town or county) (State) Fairlee, Maryland	
24. FUNERAL DIRECTOR Kenneth Walby				ADDRESS Chestertown, Md.		25a. REC'D BY REGISTRAR JAN 7 1966	
				25b. REGISTRAR'S SIGNATURE Charles Judge			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 48 hours after death.



FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

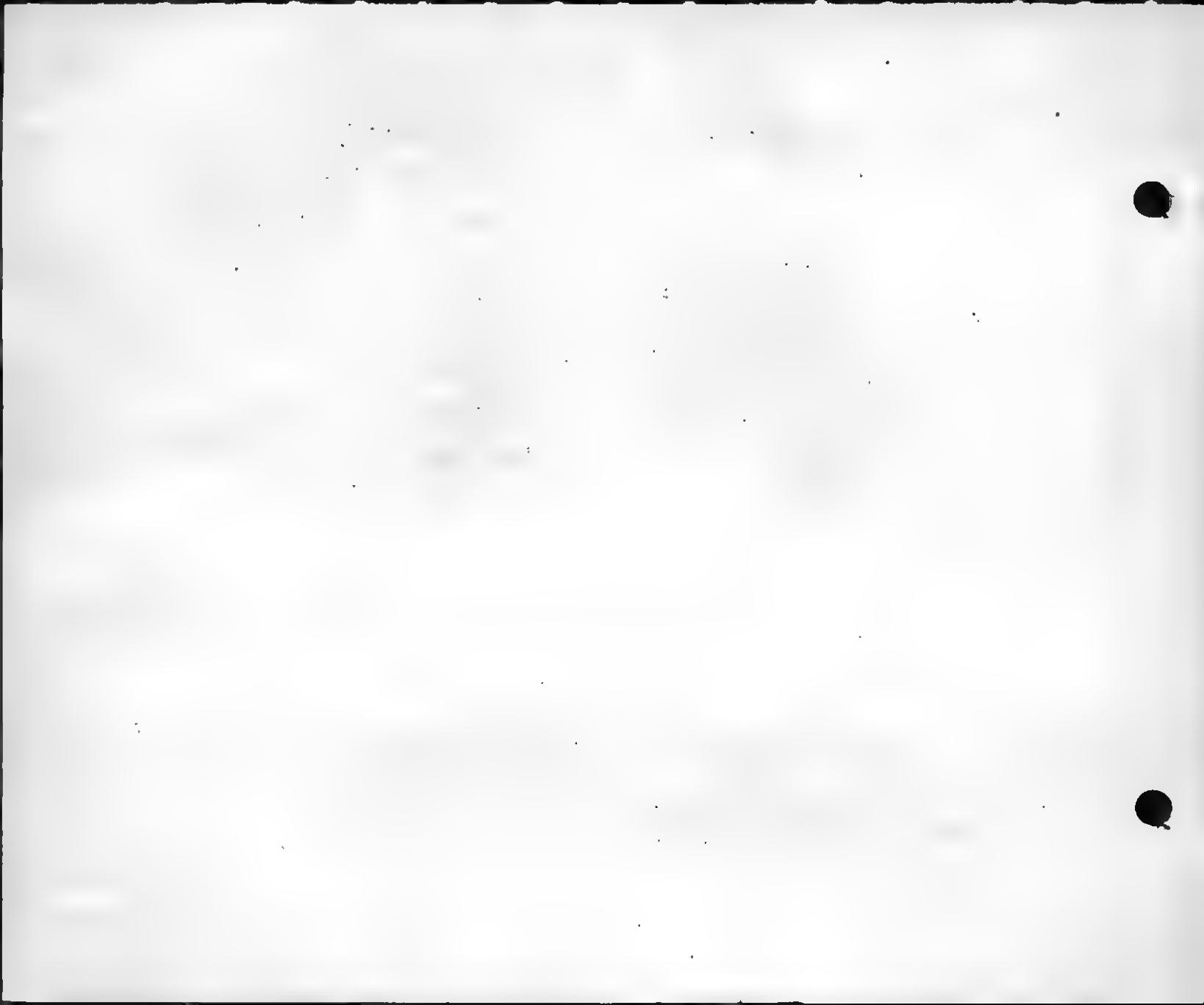
01314

01276

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>PRINCE GEORGE</u>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>DORMINION</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>COLLEGE PARK</u>	
c. LENGTH OF STAY IN 1b <u>10h</u>		d. STREET ADDRESS <u>4330 HARTWICK ROAD, Apt. 115</u>	
e. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>—</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JAMES CRAWFORD VEASEY</u>		4. DATE OF DEATH <u>JAN. 9, 1966</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1937</u>
9. AGE (In years last birthday) <u>28</u> yrs.		10. IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Food Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't</u>	
11. BIRTHPLACE (State or foreign country) <u>DELAWARE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hammond Veasey</u>		14. MOTHER'S MAIDEN NAME <u>ANNA MAE COLLINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>221-20-7765</u>	
17. INFORMANT <u>Charles Wilson Irwin</u>		Address <u>4330 Hartwick Road, Apt. 115, College Park, Md.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia by Drowning</u> <u>850X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>—</u> DUE TO (c) <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) <u>Exposure to Cold Water</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Went out in small boat in heavy sea</u>	
20c. TIME OF INJURY: Month, Day, Year <u>10/30/66</u> Hour a.m. <u>1-8</u> p.m. <u>—</u>	20d. INJURY OCCURRED: While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Eastern Bay</u>	20f. (City or town) <u>Dorminion</u> (County) <u>Q.A. Md</u> (State) <u>—</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>C.R. Layton</u>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>C. R. Layton</u>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>1/13/65</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>RED MEN'S CEMETERY</u>		23d. LOCATION (City, town or county) <u>Selbyville</u> (State) <u>DELAWARE</u>	
24. FUNERAL DIRECTOR <u>A. Douglas Nelson, Frankford, Delaware</u>		25. REC'D BY REGISTRAR <u>JAN 14 1966</u>	
		25b. REGISTRAR'S SIGNATURE <u>Phileas Judge</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

<div style="text-align: center;"> MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH </div>											
01315		01277									
1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i> MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Queen Anne</i>					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural - Centerville</i>				c. LENGTH OF STAY IN ID <i>Life</i>				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural - Centerville</i>			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <i>Centerville, Md.</i>						d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JAMES Rufus Wilson</i>						4. DATE OF DEATH Month <i>1</i> Day <i>10</i> Year <i>1966</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>12-8-1903</i>		9. AGE (in years last birthday) <i>62 yrs.</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Public School</i>		11. BIRTHPLACE (County & State, or foreign country) <i>Queen Anne, Md.</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Edward Wilson</i>						14. MOTHER'S MAIDEN NAME <i>HENRIETTA BAKER</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes give war or dates of service) <i>WWII</i>				16. SOCIAL SECURITY NO. <i>161-16-6948</i>		17. INFORMANT <i>Wilhelmeon J. Wilson</i> Address <i>Centerville, Md.</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> <i>4201</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Myocardial Infarct - 1958</i>										INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> <i>years</i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I certify that (I) (this hospital) attended the deceased from <i>Nov 10</i> , 19 <i>58</i> , to <i>Jan 10</i> , 19 <i>66</i> that (I) (we) last saw the deceased alive on <i>Jan 10</i> , 19 <i>66</i> , and that death occurred at <i>10:42</i> AM, from the causes and on the date stated above.											
22a. SIGNATURE <i>C. R. Layton</i>						M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <i>1-12-66</i>			
22c. PHYSICIAN'S NAME (Type) <i>C. R. Layton</i>						22d. ADDRESS <i>Centerville Md</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>1-13-66</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Earle Chapel Cem.</i>				23d. LOCATION (City, town or county) (State) <i>Queen Anne Md.</i>			
24. FUNERAL DIRECTOR <i>James B. Marshall</i> Address <i>Easton Md.</i>						25a. REC'D BY REGISTRAR <i>Jan 17 1966</i>		25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>			

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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01278

1. PLACE OF DEATH a. COUNTY Queen Anne's County, Md. MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE Maryland COUNTY Queen Anne's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Church Hill, Md.		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) At Home		d. STREET ADDRESS 17-1	
3. NAME OF DECEASED (Type or print) George Wright		4. DATE OF DEATH Month 1 Day 26 Year 1966	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/14/1897
9. AGE (In years last birthday) 68 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Various	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Will Wright		14. MOTHER'S MAIDEN NAME Matilda Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 217-30-9268	
17. INFORMANT Mrs. Mary Wright		Address R.F.D. Church Hill, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart 444X DUE TO (b) Disease, Associated DUE TO (c) Hypertension INTERVAL BETWEEN ONSET AND DEATH years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Rodney C. Layton		M.D.	
EXAMINER'S NAME (Type) Rodney C. Layton M.D.		22. DATE SIGNED 1/27/66	
23a. BURIAL, CREMATION, REMAINS (Specify) Burial		23b. DATE THEREOF 1/29/1966	
23c. NAME OF CEMETERY OR CREMATORY Richneck Hall Cem.		23d. LOCATION (City, town or county) (State) Near Church Hill, Md.	
24. FUNERAL DIRECTOR Kenneth Soley		ADDRESS Chestertown, Md.	
25a. REC'D BY REGISTRAR FEB 2 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	

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